

Norridge Police Department

Accident Review Board

Date assigned	Member	Present	Excused	Unexcused
5/1/2003	Sgt. Orlando	x		
7/15/2016	Cpl. Wendt	x		
10/01/16	Off. Smith	x		
5/1/2003	Off. Malicki	x		

Review Date: 11/21/16

M/V Crash: 1611-01521 Harwood Hts.

Officer: T. Vasilakopoulos #37

Squad #509

1. Classification I.

- a. The incident was NON-PREVENTABLE and the employee was not at fault. Caution was apparently exercised.
- b. The employee was legally parked or standing.
- c. The employee was aware of the impending hazard, was alert to the consequences and skillful in minimizing the effect of the hazard.
- d. In incidents the board resolves to be Classification I, no disciplinary action will be taken.

2. Classification II.

- a. The employee failed to exercise reasonable and due care.
- b. The employee deviated inexcusably from Dept. Rules and Regulations, Procedures and/or General Safety Practices.
- c. In incidents the board resolves to be Classification II, disciplinary action recommended may be:
 - (i) For the very first incident of record for the employee in a rolling 24 month period, a letter of reprimand will be issued and attendance and successful completion of a "Defensive Driving Course may be ordered. Only one letter of reprimand may be issued during the 24 month period in which the incident occurred.
 - (ii) For a second Classification II finding by the board in the 24 month period a 2 day suspension without pay shall be imposed.
 - (iii) For a third Classification II finding by the board in a 24 month period, a 3 day suspension without pay shall be imposed.

Recommendation: The board unanimously agreed 1a.

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets



IY002

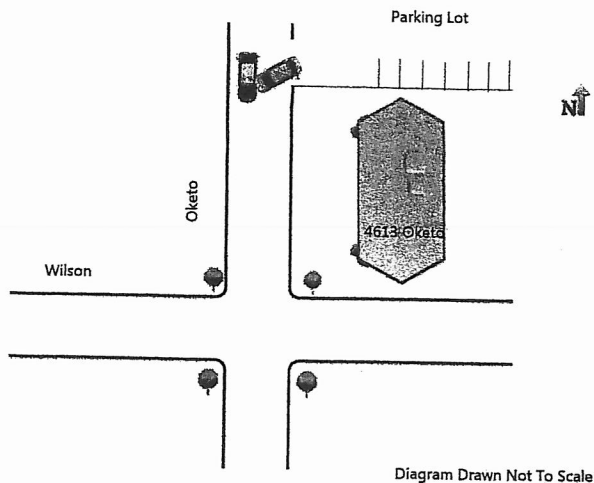


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DRAC U1 1 U2 1	PEDV 1	TRFD 1	TRFC 1	WEAT 1	DRVA 2	U2 1	U1 1	U2 1	VEHD U1 1 U2 1	LGHT 1	COLL 10	MANV U1 3 U2 1	PPA	PPL																																	
INVESTIGATING AGENCY Harwood Heights Police Department						DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY <input type="checkbox"/> \$500 OR LESS <input type="checkbox"/> \$501 - \$1,500 <input checked="" type="checkbox"/> OVER \$1,500				TYPE OF REPORT <input checked="" type="checkbox"/> ON SCENE <input type="checkbox"/> NOT ON SCENE (DESK REPORT) <input type="checkbox"/> AMENDED				<input checked="" type="checkbox"/> A No Injury / Drive Away <input type="checkbox"/> B Injury and / or Tow Due To Crash		AGENCY CRASH REPORT NO. 1611-01521		TRFW 1																													
ADDRESS NO. 4613		HIGHWAY OR STREET NAME OKETO								<input checked="" type="checkbox"/> City HARWOOD HTS		<input type="checkbox"/> Township		INTERSECTION RELATED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		DATE OF CRASH 11/16/2016		TIME 1:24 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		LARS CODE		VEHT 1 U1																									
(CIRCLE) <input type="checkbox"/> FT / MI N S E W		(CIRCLE) <input type="checkbox"/> AT INTERSECTION WITH (NAME OF INTERSECTION OR ROAD FEATURE)								COUNTY COOK		PRIVATE PROPERTY <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		DOORING WITH PEDALCYCLIST? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		NUMBER MOTOR VEHICLES INVLD 2		LARS CODE		U2 16																											
NAME <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NCV POD, ELISABETA F						DATE OF BIRTH [REDACTED]		MAKE HONDA		MODEL CIVIC		YEAR 2015		CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT 2				TOWED DUE TO CRASH <input checked="" type="checkbox"/> Y <input type="checkbox"/> N FIRE <input checked="" type="checkbox"/> CELLPHONE <input checked="" type="checkbox"/> EXCEED SPEED LIMIT <input checked="" type="checkbox"/> COM VEH <input checked="" type="checkbox"/> * IF YES SEE SIDEBAR		NO LANCES 2																											
STREET ADDRESS [REDACTED]						SEX F		SAFT 2		AIR 3		PLATE NO. [REDACTED]		STATE IL		YEAR 2017				ALIGN 1																											
CITY [REDACTED]						STATE IL		ZIP [REDACTED]		INJURY O		EJECT 1		VIN [REDACTED]						RSUR 1																											
TELEPHONE (773) [REDACTED]						DRIVER LICENSE NO. [REDACTED]		STATE IL		CLASS D		VEHICLE OWNER (LAST, FIRST, M.I.) [REDACTED]		INSURANCE CO. California Casualty General						VEHU 2 U1																											
TAKEN TO Refused						EMS AGENCY Refused		OWNER ADDRESS (STREET, CITY, STATE, ZIP) [REDACTED]		TELEPHONE (773) [REDACTED]		POLICY NO. [REDACTED]								U2 6																											
NAME <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NCV VASILAKOPOULOS, THEODORE						DATE OF BIRTH [REDACTED]		MAKE FORD		MODEL TAURUS		YEAR 2014		CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT 7				TOWED DUE TO CRASH <input checked="" type="checkbox"/> Y <input type="checkbox"/> N FIRE <input checked="" type="checkbox"/> CELLPHONE <input checked="" type="checkbox"/> EXCEED SPEED LIMIT <input checked="" type="checkbox"/> COM VEH <input checked="" type="checkbox"/> * IF YES SEE SIDEBAR		RDEF 1																											
STREET ADDRESS 4020 N OLCOTT						SEX M		SAFT 2		AIR 3		PLATE NO. MP11111		STATE IL		YEAR 2017				BAC 96 U1																											
CITY NORRIDGE						STATE IL		ZIP 60706		INJURY O		EJECT 1		VIN 1FAHP2MK6EG185973						U2 96																											
TELEPHONE (708) 453-4770						DRIVER LICENSE NO. [REDACTED]		STATE IL		CLASS D		VEHICLE OWNER (LAST, FIRST, M.I.) VILLAGE OF NORRIDGE		INSURANCE CO. Mesirow Insurance Services						NO. OCCS 1 U1																											
TAKEN TO Refused						EMS AGENCY Refused		OWNER ADDRESS (STREET, CITY, STATE, ZIP) 4000 N OLCOTT NORRIDGE, IL, 60706		TELEPHONE (708) 453-4770		POLICY NO. BGP10005404								U2 1																											
(UNIT) (SEAT) (DOB) (SEX) (SAFT) (AIR) (INJ) (EJECT)						PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)						(HOSP)						(EMS)						U1 1																							
																								U2 1																							
																								DIRP 6 U1																							
																								U2 5																							
																								U1																							
																								U2																							
(EVNO) (MOST) (EVNT) (LOC)						DAMAGED PROPERTY OWNER NAME						DAMAGED PROPERTY						CONTRIBUTORY CAUSE(S)						POSTED SPEED LIMIT						Did crash occur in a Work Zone? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N																	
1 <input checked="" type="checkbox"/> 11 1						PROPERTY OWNER ADDRESS						CITY STATE ZIP						PRIMARY 02						20						If YES check one below: <input type="checkbox"/> Construction <input type="checkbox"/> Maintenance <input type="checkbox"/> Utility <input type="checkbox"/> Unknown work zone type																	
2 <input type="checkbox"/>						ARREST NAME POD, ELISABETA F						SECTION 5/11-902						CITATION NO. YE-411-562						SECONDARY 99						DATE POLICE NOTIFIED 11/16/2016						TIME NOTIFIED 1:26 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM						Workers present? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N					
3 <input type="checkbox"/>						ARREST NAME						SECTION						CITATION NO.						COURT DATE 12/16/2016						COURT TIME 9:00 <input type="checkbox"/> AM <input type="checkbox"/> PM																	
1 <input checked="" type="checkbox"/> 11 1						OFFICER ID. 22						SIGNATURE G. Hauptman						BEAT / DIST.						SUPERVISOR ID. S. Morawski, 9																							
2 <input type="checkbox"/>																																															
3 <input type="checkbox"/>																																															

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A **Diagram** and **Narrative** are required on all **Type B** crashes, even if units have been moved prior to the officer's arrival.

**NARRATIVE** (Refer to vehicle by Unit No.)

Upon arrival R/O spoke with both drivers and all conversation said in summary. The driver of unit #2 said he was traveling S/B Oketo in the 4600 block when he observed unit #1 turn left out of the parking lot of 4613 Oketo and strike the driver's side door of his vehicle with the front of unit #1. R/O spoke with the driver of unit #1 who stated that she was turning left out of the parking lot of 4613 Oketo and did not see unit #2 traveling S/B until the front of her vehicle struck the drivers' side of unit #2.

LOCAL USE ONLYMotorist 1 Report No: **20140846878**Motorist 2 Report No: **20140846879**U1 Color: **Blue**U2 Color: **Black**U1 Race: **W**U2 Race: **W**

U1 Towed by / to:

U2 Towed by / to:

COMMERCIAL MOTOR VEHICLE (CMV)

IF MORE THAN ONE CMV IS INVOLVED, USE SR 1050A
ADDITIONAL UNITS FORMS.

A CMV is defined as any motor vehicle used to transport passengers or property and:

1. Has a weight rating of more than 10,000 pounds (example: truck or truck/trailer combination); or
2. Is used or designed to transport more than 15 passengers, including the driver (example: shuttle or charter bus); or
3. Is designed to carry 15 or fewer passengers and operated by a contract carrier transporting employees in the course of their employment (example: employee transporter - usually a van-type vehicle or passenger car); or
4. Is used or designed to transport between 9 and 15 passengers, including the driver, for direct compensation (example: large van used for specific purpose); or
5. Is any vehicle used to transport any hazardous material (HAZMAT) that requires placarding (example: placards will be displayed on the vehicle).

UNIT _____

CARRIER NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

USDOT NO. _____

ILLCC NO. _____

Source of above info. ☐ Side of Truck ☐ Papers ☐ Driver ☐ Log Book

Gross Vehicle Weight Rating (GVWR). _____

Were HAZMAT placards displayed on the vehicle? ☐ Y ☐ N

If yes, name on placard _____

4-Digit UN no. _____ 1-digit Hazard Class no. _____

Did HAZMAT Spill from the vehicle (do not consider fuel from the vehicle's own tank)? ☐ Y ☐ N ☐ UNKDid HAZMAT Regulations violation contribute to the crash?
☐ Y ☐ N ☐ UNKDid Motor Carrier Safety Regulations (MCS) violation contribute to the crash? ☐ Y ☐ N ☐ UNK

Was a Driver/Vehicle Examination Report form completed?

HAZMAT ☐ Y ☐ N ☐ UNK Out of Service? ☐ Y ☐ NMCS ☐ Y ☐ N ☐ UNK Out of Service? ☐ Y ☐ N

Form No. _____

IDOT PERMIT NO. _____ WIDE LOAD? ☐ Y ☐ N

TRAILER WIDTH(S): 0-96" 97-102" >102"

TRAILER 1 ☐ ☐ ☐TRAILER 2 ☐ ☐ ☐

TRAILER LENGTH(S): 1 _____ ft TRAILER 2 _____ ft

TOTAL VEHICLE LENGTH _____ ft NO. OF AXLES _____

CRASH LOCATION: ☐ CITY OF OR ☐ NEAREST CITY

_____ MILES N E S W OR _____

CIRCLE ONE

CITY NAME

SELECT CODES FROM BACK COVER OF CRASH BOOKLET:

VEHICLE CONFIGURATION _____

CARGO BODY TYPE _____ LOAD TYPE _____